

SFSP 2016 Food Bank of Alaska

Summer Food Service Program

Submit this form to Food Bank of Alaska

Site Sponsor

The sponsor will provide all the food and training. The sponsor reports to the State of Alaska.

Food Bank of Alaska
www.foodbankofalaska.org
 2121 Spar Ave
 Anchorage, AK 99501
 Toll Free 1-877-366-3448

Child Nutrition Manager
dotis@foodbankofalaska.org
 Phone 907-222-3107

Fax 907-277-7368 or 1-888-797-0095

All information will be filed with State of Alaska. Please update as necessary.

Site Contact Information

The site is the place the food will be stored and served.

Type of Site (select one):

Local: Anchorage

Local: Mat-Su

Rural Alaska

Site Name:

Physical Address **(REQUIRED)**:

Mailing Address **(REQUIRED)**:

Physical Location's Telephone:

Physical Location's Fax:

Person Responsible for Physical Site:

Program Supervisor:

Phone:

Email:

Fax:

Site Manager (person serving meals)

This is the person responsible for serving meals throughout the summer.

This person will be responsible for reporting to Food Bank of Alaska inventory and meal counts as well as ordering.

Name:

Regular Job Title:

Email:

Mailing Address:

Phone:

Fax:

Cell:

Site Monitor (must visit site at least 3 times)

This person is responsible for completing at least 4 monitor forms and submitting these forms to Food Bank of Alaska.

This person should not be a regular employee, volunteer or have vested financial interest in the site.

Name:

Regular Job Title:

Email:

Mailing Address:

Phone:

Fax:

Cell:

Site Volunteer 1

This person will be trained with the Site Manager and the Site Monitor. The Site Volunteer should be available to take over either managing or monitoring the site permanently or temporarily if needed.

Name:

Regular Job Title:

Email:

Mailing Address:

Phone:

Fax:

Cell:

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Site Volunteer 2

This person will be trained with the Site Manager and the Site Monitor. The Site Volunteer should be available to take over either managing or monitoring the site permanently or temporarily if needed.

Name: _____ Regular Job Title: _____

Email: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Site Activities

Regularly scheduled activities will increase daily participation and are encouraged, but not required.

Is there a regularly scheduled organized activity at the site?

Yes _____ No _____ N/A _____

If yes, please list the type of activities below or attach a schedule of daily activities.

Local School Information

This information is used to determine if the site qualifies to have this food program.

Name of the closest school: _____

First Day of School: _____ Last Day : _____

Name of school district: _____

Is this feeding site located in a school building? Yes _____ No _____

Is there summer school held in the village? _____ Yes _____ No _____

Summer School Beginning Date: _____ End Date: _____

Civil Rights

Civil Rights Pre-award Compliance Review: As part of the requirement for civil rights compliance you must provide information concerning the number of potential children in each racial/ethnic category in the geographical area from which the site will draw it's attendance for SFSP. Estimate the racial/ethnic makeup of the number of potentially eligible SFSP children to be drawn from the geographical area to be served.

Next to each category write the **estimate number** of children in your area that might come to your meal service.

_____ American Indian or Alaska Native

_____ White

_____ Native Hawaiian or Other Pacific Islander

_____ Hispanic or Latino

_____ Black (non-Hispanic) or African American

_____ Asian

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Meal Service Schedule																							
This will be filed with the State of Alaska. If changes are made to this schedule a Change of Service Form must be filled out and sent to Food Bank of Alaska at least 24 hours prior to the change.																							
Days of operation (please indicate each day of the week that you will serve on): _____																							
<table border="1" style="display: inline-table; border-collapse: collapse;"><thead><tr><th style="padding: 2px 10px;">Mon</th><th style="padding: 2px 10px;">Tue</th><th style="padding: 2px 10px;">Wed</th><th style="padding: 2px 10px;">Thur</th><th style="padding: 2px 10px;">Fri</th><th style="padding: 2px 10px;">Sat</th><th style="padding: 2px 10px;">Sun</th></tr></thead><tbody><tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							Mon	Tue	Wed	Thur	Fri	Sat	Sun								Would you like to provide Lunch and Supper? <table border="1" style="display: inline-table; border-collapse: collapse;"><tbody><tr><td style="padding: 2px 10px;">Yes</td></tr><tr><td style="padding: 2px 10px;">No</td></tr></tbody></table>	Yes	No
Mon	Tue	Wed	Thur	Fri	Sat	Sun																	
Yes																							
No																							
Meal Start Time: _____ Meal End Time: _____																							
What is the earliest possible start date for your site? _____																							
(this program CANNOT operate if school is in session) _____																							
What is the latest possible end date for your site? _____																							
What holidays do you plan on being closed for? _____ Memorial Day (Monday May 30) _____ Independence Day (Monday July 4) _____ Other days your site will be closed on (staff vacation, time off for subsistence, etc.) Please list dates: _____ _____ _____																							
If this site is a camp or operates sporadically, describe the schedule below: 																							
Meal Service Procedures																							
Please keep in mind that meals must be eaten on site, they cannot be taken home by youth.																							
If this is an outdoor site, where will meals be served during inclement weather? (Please provide the address and procedures for alternate meal service.) 																							
Describe the entrance and exit to serving line: 																							
Describe where the meal count is taken? 																							
Describe how the meal count is taken? 																							

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Delivery Information													
If outside of Mat-Su or Anchorage, please indicate your preferred carrier or write them in:													
_____ ACE	_____ Cape Smythe	_____ Lake & Pen	_____ Ryan Air/ATS										
_____ Air Arctic	_____ Everts	_____ Lynden	_____ Taquan										
_____ Alaska Air	_____ Frontier	_____ NAC	_____ Wings of Alaska										
_____ Arctic Circle Air	_____ Grant	_____ Pen Air	_____ Wright's Air										
_____ Bering Air	_____ Hageland Air	_____ Promech	Other: _____										
If this site is not run by the local tribal office and is out of Mat-Su or Anch, who is a good tribal contact:													
Name : _____		Title: _____											
Phone: _____		Fax: _____											
Advertisement													
All sites will be advertised in the Anchorage Daily News, Alaska 211, AKSummerFood.com and the FBA website.													
In addition, please indicate the best methods for advertising to youth in your area, you can select as many as apply. Please also indicate the name of the newspaper, school district, radio call sign, etc.													
Newspaper: _____													
Shareholder Newsletter: _____													
Facebook: _____													
Posters (quantity): _____													
Banners: _____													
Post Cards: _____													
Radio: _____													
VFO: _____													
School District: _____													
Other: _____													
Food Bank of Alaska Use Only													
The rest of this application will be filled out by Food Bank of Alaska staff.													
Type of site: _____		_____ % Enrollment											
Start Date: _____		Number of Operating Days:											
End Date: _____		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 25%;">May</td> <td style="width: 25%;">June</td> <td style="width: 25%;">July</td> <td style="width: 25%;">August</td> <td style="width: 25%;">Total</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		May	June	July	August	Total					
May	June	July	August	Total									
Meal Service:													
Meal Type	Vended/ Self-Prep	Vendor	Shift	Start Time	End Time	ADP	Estimated # Eligible (Camps Only)						
Breakfast													
AM Snack													
Lunch													
PM Snack													
Supper													